



FIG. 6

50 51

PATIENT ID	52		
PHYSICIAN ID	54		
PRESCRIPTION ID	56		
DOSE	58	<input type="checkbox"/> 60	<input type="checkbox"/> 62
	68	FIXED	AMOUNT
ACTIVATE	<input type="checkbox"/> 68	YES	<input type="checkbox"/> 70
		NO	CONFIRM <input type="checkbox"/> 72

FIG. 7

